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# Ethics



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**Version 5.3**

Corrected, Updated, Lighter

PLAB 1 Keys is for **PLAB-1** and **UKMLA-AKT** (Based on the New MLA Content-Map)

**With the Most Recent Recalls and the UK Guidelines**

**ATTENTION:** This file will be updated online on our website frequently!

(example: **Version 2.6** is more recent than **Version 2.5**, and so on)

We believe that the best way to understand the Medical Ethics is to be studied through scenarios. This chapter will be based on scenarios with short, direct and not-complicated explanations.

**Key 1** A 15-year-old girl presents to her GP for Contraception. She is having sex with a boy who is in her class. She doesn't want her parents to know because they would be upset. Which of the following should the GP inform?

- A. **No one**
- B. Her Parents
- C. Police
- D. school Nurse
- E. Social service

- If her partner is **the same age** as her or slightly older, you should **advise her to tell her parents first**. If she refuses, then **advise about safe sex and prescribe the contraceptive pills** as long as she understands the aspects of the treatment and it is in her best interest physically and mentally.
- As the boy she is having sex with nearly has the same age as her, you should not tell anyone if this is what she wants.

**Key 2** FY2 doctor had reviewed a chest X-ray of a patient who has chronic cough. The FY2 doctor considered the X-ray to be normal and thus sent the patient home on proton pump inhibitor thinking that his chronic cough is due to GERD. However, the following day, the X-ray was reported by a consultant radiologist which states that there are patchy opacities in the perihilar lungs.

**The A&E consultants then contacted the patient, started him on antibiotics, and wrote his finding on his clinical notes. What should the FY2 doctor do?**

- a) Add an addendum to the initial notes, stating new findings with today's date and sign
- b) **No changes need to record**
- c) Delete your previous documentations and write a new one
- d) Write a letter to the patient apologizing and put a copy in the patient's record

Since the A&E consultants have already informed the patient and documented his actions, the FY2 doctor does not need to do any action.

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**A 50 YO woman who is admitted in the surgical ward starts to have shortness of breath. The surgical team suspects pulmonary embolism. The junior radiologist has reported her CT scan as Normal. Later on, the consultant radiologist has reviewed the CT scans and found that there is a mass in the left breast. What should the consultant radiologist do?**

- a) **Add an addendum to the initial notes, stating new findings with today's date and sign**
- b) no changes needed to record

- c) Delete your previous' documentation and write a new one
- d) Write a letter to the patient apologizing and put a copy in the patient's record

Always document the events in the patient's record.

No deletion or amendments on the previously added notes should be made.

Just add a new addendum regarding the recent/ new events.

**Key 3** You suspect a college junior doctor to be under the effect of recreational drugs. What should you do?

1<sup>st</sup> → **Confront him directly.**

If he does not respond:

2<sup>nd</sup> → **Inform a senior consultant.**

**Key 4** A delivering lady had abnormal<sup>al</sup> CTG and thus an emergency Caesarean Section decision is made. However, the patient refuses to sign the consent. She has a mental capacity and she understands the risk for her baby. What should you do?

**Accept her wish and proceed with Vaginal delivery**

In the UK, an **unborn child has no rights**.

The husband is unable to consent. It is up to the mother.

**Key** You stick yourself with a needle that was used to obtain a blood sample from  
**5** an unconscious patient. You are afraid to get blood-borne disease. What should you do?

**You need to wait for the patient to become conscious in order to obtain a consent and send a blood sample to investigate for blood-borne infections**

You cannot investigate for infections unless he accepts and consents EXCEPT if it is for his best interest. In the given scenario, this sample of blood and analysis are in your own best interest, not the patient's.

**Key** A 15-year-old girl asks you for OCP. Her partner is 35-year-old. She refuses to  
**6** tell her parents. What should you do?

**Breach the confidentiality and inform authorities**

- This is because her **partner is much older than** her. In this case, we fear **child abuse** or **exploitation**.

- If her partner is **the same age** as her or slightly older, you should **advise her to tell her parents first**. If she refuses, then **advice about safe sex and prescribe the contraceptive pills** as long as she understands the aspects of the treatment and it is in her best interest physically and mentally.
- The legal age is **16**.

**Key 7** A patient was involved in a fight and brought to the A&E uncooperative and with open wound and laceration on the head. Soon, he becomes unconscious. What should you do?

**Proceed to investigation and treatment without his consent**

- This is **in his best interest** and the case is **acute** and **urgent**.
- An early detection of abnormalities is vital. We cannot wait for him to become conscious nor can we wait to seek legal advice.

**Key 8** You suspect that your colleague doctor is under illicit drugs. So, you confronted him but he denied the allegation. You still suspect he is taking drugs. What is the next best step to take?

**Inform the consultant**

Remember, you cannot investigate and gather evidence as this is **unprofessional**. You only **firstly confront him** with advice and **secondly inform the consultant**. If still not satisfied and still has concerns → **raise it to the GMC**.

**Key** A pregnant young woman is brought to the A&E by her mother and husband.  
**9** She has lower abdominal pain and she has active heavy vaginal bleeding. IV fluid and tranexamic acid are given but the patient is still hypotensive. An urgent evacuation of retained products of conception is needed. However, she cannot sign the consent to be taken to the theatre as she is semi-conscious. What should be done?

**Take her to the theatre to save her life without a need for her consent**

- This is an **urgent** and **life-saving** action. It is in the **patient's best interest**. So, no need for consent.
- However, you need to document that she is unable to sign as she is semi-conscious in her records.
- The family members and the husband are not allowed by the legislation to sign on her behalf (Imagine they refuse the operation)!

**Key** You suspect that one of your colleague doctors is under alcohol effect. What  
**10** should you do?

**1<sup>st</sup> → Confront him**

2<sup>nd</sup> → **inform a senior doctor.**

3<sup>rd</sup> → **inform GMC.**

If unsure what to do → **Seek advice from medical defence organisation.**

**Key** A case of paracetamol poisoning is brought to the A&E. She is unconscious.  
**11** The serum paracetamol level is found to be above the treatment line. What should be done?

**Treat the patient without his consent and collect collateral information**

- This is in the patient's best interest.
- Paracetamol overdose could be fatal.
- N.B. N-Acetylcysteine is the antidote for paracetamol overdose.

**Key** A burglar is injured during a gunfire fight with the police. He comes to the  
**12** A&E and asks you not to tell the police. What should you do?

**Inform the police but do not reveal any personal information of the patient**

- GMC says that any victims of **gunshots** who come to the Emergency Department need to be reported to the police.



- This is in the public and the hospital staff's best interest as a protection and precaution.
- Revealing their personal details should not usually be done in the first contact with the police.

**Key 13** Your patient who is a surgeon is diagnosed with hepatitis B. He asks you not to inform the NHS trust about his diagnosis. What should you do?

**Inform the relevant health authorities**

- He is a **surgeon** with a **blood-borne communicable disease** and there is a risk that his hepatitis transmits to his patients. Therefore, you need to inform the relevant health authorities as this is in **the patients' best interest**.

**Key 14** A 16-year old boy with acute appendicitis that requires surgery. The patient agrees on the operation and is willing to consent. However, his parents refuse the surgery. What should be done?

**Get a consent from the patient and go for the surgery**

- **At 16-year-old**, the individual is presumed to have the capacity to consent. Parents cannot override his consent.

- **Under 16**, we need to look for the signs of maturity in the individual and his understanding of the situation so we can decide accordingly whether he is capable to consent or not.
- **Under 13**, the individual is considered by law as unable to consent.

In short:

- **< 13** → Unable to give consent.
- **(13-15)** → Can give consent **if** they are mature enough to do so. **However**, if it is not an emergency case and the patient is **refusing** a life-saving procedure → Seek Legal Advice. (There is time to do so).
- **≥ 16** → Can give consent.

**Key 15** A woman wants to do Laparoscopic Sterilisation and she understands the risks of this procedure. However, her husband refuses as he wants an additional child. What should be done?

**Take a written consent from the patient (the woman) and proceed to the surgery**

- **It is her body**. The husband has no legal rights to object.
- This is a surgical intervention; thus, a Written consent is required.

**Key 16** A 15-year old child is brought to A&E by his parents. He has lower abdominal pain. After examinations, the doctors suspect appendicitis and decide to admit the patient. Nonetheless, the boy seems to be unable to well understand the complications of the untreated appendicitis. He refuses the admission as he wants to go to a party with friends tonight. On the other hand, his parents want him admitted and willing to sign the consent. What should be done?

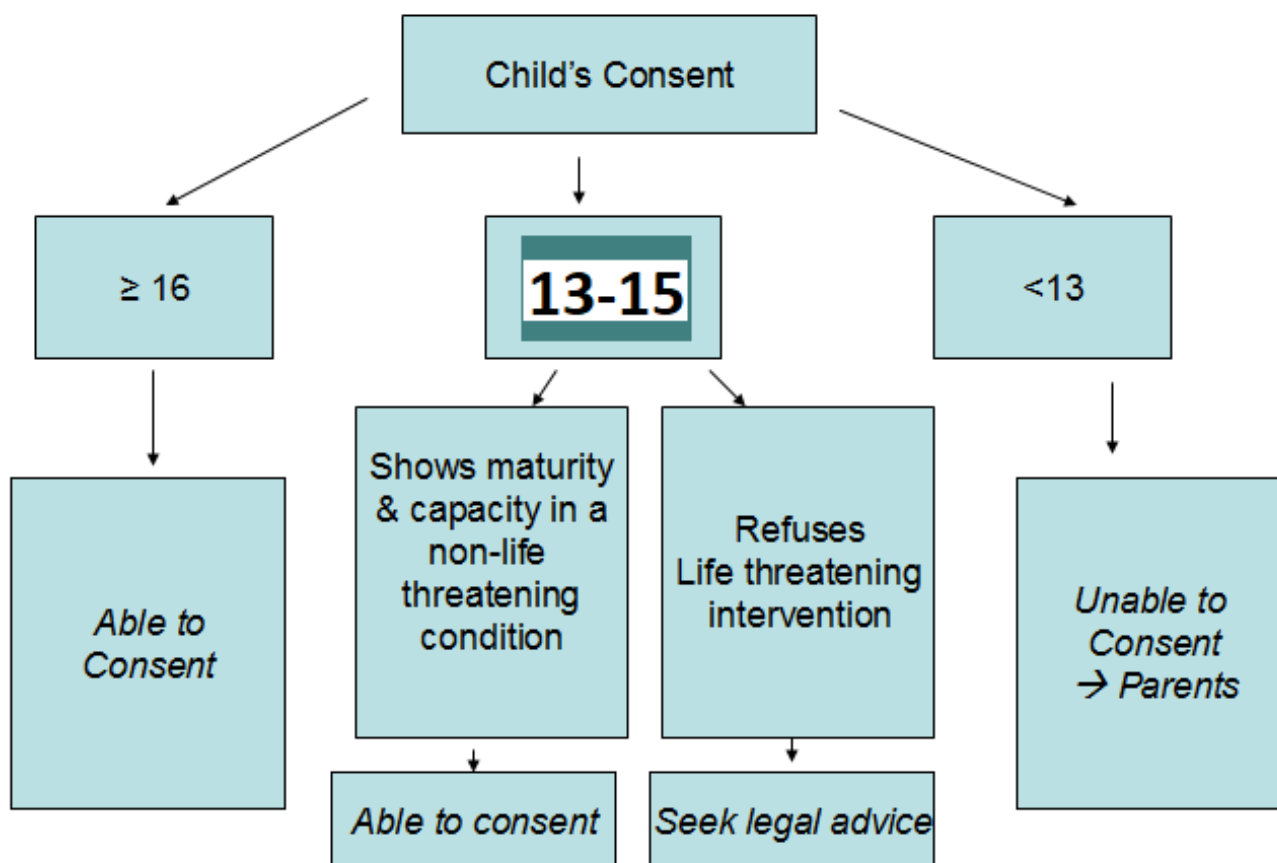
**Obtain parental consent and admit the patient**

- It is clear that the boy **lacks maturity** + he is **under 16** → we can rely on parental consent.
- Remember that:
  - **< 13** → Unable to give consent.
  - **(13-15)** → Can give consent **if** they are mature enough to do so. **However**, if it is not an emergency case and the patient is **refusing** a life-saving procedure → Seek Legal Advice.
  - **≥ 16** → Can give consent.

**Key 17** A 15-year old girl with large ovarian cyst. The doctors decide to go for laparoscopic ovarian cystectomy. She understands the consequences if left untreated but she refuses to consent on the surgery. What should be done?

## Seek Legal Advice

Although this patient seems to be competent to consent, the case is a **life-threatening** one and it is **not an emergency case**. Therefore, we have time to seek legal advice (+) the surgery is in her best interest.



In a competent patient who refuses the treatment of a life-threatening condition → Seek Legal Advice.

### General Note: Who can give consent?

- 1) The **Patient** (Unless if lacks mental capacity).
- 2) The **Doctor** (when the patient is unconscious to decide).
- 3) The **Relative** (when authorised by the power of attorney).

However, if the ne

**Key 18** A pregnant woman in early labour with Umbilical Cord Prolapse. The senior obstetrician decides to take her to the theatre for Urgent Caesarean Section. She is unable to consent as she is illiterate. What should be done?

### Take Verbal Consent and Proceed to the Caesarean Section

This is an emergency case. A Verbal Consent is sometimes appropriate instead of a written consent such as in the case of **illiterate patient** or the **urgency** of the operation.

Remember to **document** her verbal consent and the reason for not obtaining a written consent in the patient's medical records.

### Notes:

- The **husband** cannot sign on her behalf unless she lacks capacity.

- Seeking legal advice is not appropriate in an **emergency** case.

**Key** A 14-year old girl asks for oral contraceptive pills. Her partner is 15-year-old.  
**19** What should be done?

**Prescribe OCP and advise her to tell her parents**

- If her **partner is much older than** her, we fear **child abuse** or **exploitation**. So, we would tell the police.
- If her partner is **the same age** as her or slightly older, you should **advise her to tell her parents first**. If she refuses, then **advise about safe sex and prescribe the contraceptive pills** as long as she understands the aspects of the treatment and it is in her best interest physically and mentally.
- The legal age is **16**.

**Key** During a surgery, the patient developed cardiac arrest and died while on the  
**20** operating table. What should be done?

→ **Inform Coroner.**

▣ **Who is coroner?**

An official who investigates violent, sudden, or suspicious deaths.

### ■ **When to inform the coroner?**

- Deaths due to **accidents, neglect, suicide, violence, industrial disease**.
- Deaths **in relation to surgical treatment or anaesthesia** need to be referred to the coroner even if the patient is already out of the theatre as long as there is a possibility that the surgery may have resulted in death.
- **Sudden and unexpected deaths** (eg, within 24 hours of admission to a hospital).
- Death of an individual who was not seen by a doctor in the last 14 days of his/her life.
- Deaths of unknown cause.
- Deaths **during surgery or before recovery from anaesthesia**.
- Deaths shortly after police custody or prison.

### ■ **What can the coroner consider to be done?**

- Allow the doctors to issue a cause of death certificate and takes no action.
- Open a post-mortem examination (could lead to open an investigation/quest).
- Open an investigation/quest without a post-mortem examination.

**Note:** do not forget that patients with “**mesothelioma**” need to be reported to the **coroner** as well. This is because it is an “industrial disease”.

**Note:** Muslim and Jewish families have religious beliefs indicate that the dead should be buried as quickly as possible. So, if the (suspicious) death is for a Muslim, we also refer to a coroner and inform him that the dead is a Muslim so he can make the required investigations as quickly as possible. Doctors also need to explain to the family the necessity of including the coroner and that the procedure would be quick.

**Key 21** A pregnant woman in the second stage of labour. The CTG is abnormal and indicates foetal distress. The doctors decide for CS but the woman refuses the surgery and wants vaginal delivery despite knowing the risk on the fetus. Her mental capacity assessment concludes that she has capacity. What should be done?

**Respect her wishes and go for a vaginal delivery**

- She has capacity.
- In the UK, an unborn baby has no rights until he is born.
- Her husband cannot consent on her behalf unless he has power of attorney.
- If a patient makes an unwise decision, this does not make him incompetent!

**Key 22** A 90-year old woman with terminal stage breast cancer with multiple bone metastasis. She is on morphine but still in severe pain. Her doctors suspect she has a few months to live. The patient discusses ending her life with her family and they agree. She asks you to give her a lethal medication to end her



life. She is **compos mentis** (Able to think clearly and to make decisions). What should be done?

**Refuse the lethal drug and tell her that there are other more powerful analgesics to alleviate her pain**

- Euthanasia is **illegal** in the UK.
- A few hours to days before her death (Expectedly), doctors can give **palliative sedation**.

**Key** A 15-year old girl come to A&E with her boyfriend who is 24-year old. She  
**23** complains of lower abdominal pain. After examinations, she is fit to discharge. What should be done before discharging her?

**Inform Safeguarding authority**

- Her sexual partner is **much older** than her, we fear of **child abuse** or **exploitation**.
- We inform safeguarding authority (who are already present in hospitals and they would gather more information and involve the police if needed).
- **If this was not in the options, pick (Inform Police).**

**Key 24** An elderly woman with dementia presents with pneumonia which soon deteriorates. The doctors decide that resuscitation is not in the patient's best interest as it will lead to a poor quality of life. However, her daughter wants them to resuscitate her. The nurse checked the patient's file and did not find any "Advanced Notice" or "Living Will" related to DNR. What should be done regarding the DNR "Do Not Resuscitate" Order?

**Involve the patient and her daughter regarding the decision of the DNR but there is no need for their consent as the DNR is a decision of the doctors only**

- This might be strange, but **a decision on a DNR order can be made by the doctors even if it is against the patient's wish! The patient is not required to consent on a DNR order!**
- **However, the patient and his family need to be involved and to know about the DNR decision.**
- The patients have no right to ask for CPR if the doctors believe that CPR would be unsuccessful or not in the patient's best interest.

**When are doctors allowed not to resuscitate?**

**(When is DNR allowed)?**

- If a patient "with capacity" refuses the resuscitation, respect his wish!
- If there is advanced notice or living will that says the patient does not want to be resuscitated.
- If the doctors see that the resuscitation is unlikely to succeed.

- If the doctors see that the resuscitation is not in the patient's best interest (e.g. it would lead to a poor quality of life).
- Remember, CPR is traumatic and can lead to ruptured spleen and fractured ribs...etc.

**Key** A Jehovah's witness man had a road traffic accident (RTA) and bled massively.  
**25** In the A&E, he was given IV fluids. However, the doctors see that an urgent blood transfusion is needed. The patient refuses this according to his religious beliefs. What should be done?

**Accept his wish and do not transfuse blood**

- Many Jehovah's witnesses do not accept blood products based on their religious beliefs.
- The law says that if they are **competent** or if they carry the **blood refusal card**, we should respect their decision on not to receive blood products even if this would lead to their death! IV fluid can be given instead.
- You can advise them to receive blood, but you are not allowed to pressure them to accept it.

**Key** A man with dementia has large ulcer on his face and he wants it removed as  
**26** he thinks that this would improve his memory. His wife says that he lacks capacity to consent. What should be done?

**Refer him to a psychiatrist to assess his mental capacity**

Even if the patient is clearly lacking capacity, a documented lack of capacity needs to be obtained (Through a psychiatrist).

**Key 27** A 14-year old girl comes to your clinic and asks for contraception. Her partner is her teacher at school. She does not want anyone to know about her relationship with the teacher and she refuses to involve her parents. What should be done?

**Inform the safeguarding authority**

- This is likely to be a case of **exploitation**.
- The **teacher** has a **position of trust** and this position must not be abused.
- Inform the safeguarding. If not available in the options, Pick: inform the police.
- (**We initially inform the safeguarding authority as long as there is no immediate risk to the girl**).
- The safeguarding team would obtain all necessary information before they inform the police.

**Key 28** A 17-year old boy is brought to A&E after RTA. He is unconscious. What should be done regarding the initiation of treatment?

**Begin treatment and resuscitation as needed without his consent**

- This is an **emergency** case and beginning the treatment without his consent (as he is unconscious) is in **his best interest** and is a **life-saving** act.
- When he becomes conscious, we can ask for his consent on the **upcoming** treatment plans.

**Key 29** A 15-year old mentally competent girl asks you for contraceptive device.  
What should be done?

As the patient is **mentally competent**,

First → **Advise her to inform her parents.**

If she refuses → **provide the contraceptive device**

**HOWEVER**, before doing so,

**Ask her about her sexual relationship and the age of her partner!**

- *Any of these would be the right answer if given in the options.*
- *The cervical smear is not required in the UK until the age of 25 years even if she is sexually active.*

**Key 30** An unconscious pregnant woman is brought to the A&E after RTA. She is bleeding massively, and blood transfusion is urgently required. She carries a witnessed written directive refusing blood and all blood products. What should be done?

**Respect her wish and do not transfuse blood but give IV fluids**

- Many Jehovah's witnesses do not accept blood products based on their religious beliefs.
- The law says that if they are **competent** or if they carry the **blood refusal card (Witnessed written directive)**, we should respect their decision on not to receive blood products even if this would lead to their death!
- You can advise them to receive blood, but you are not allowed to pressure them to accept it.
- An **unborn fetus** has **no rights** in the UK until born.

**Key 31** A mother of a 14-year old girl comes to the GP clinic and asks him to prescribe a medication to alleviate the dysmenorrhea of her 14-year old daughter. The daughter could not come as she is busy at school. What should be done?

**Arrange an appointment to meet both the mother and the girl together**

The doctor needs to assess the daughter's mental capacity and to take consent from her that allows her mother to take responsibility of her own health care.

([No prescription by Proxy](#) 😊)

**Key 32** A patient with Multiple Sclerosis (MS) has taken 40 paracetamol pills to end his life. His wife wants him to be treated from paracetamol overdose; however, he insists not to be treated. What should be done?

**Assess his mental capacity**

Prior to make him consent not to receive treatment, we need to make sure that he is mentally capable to take such a decision. Remember also that he has MS.

**Key 33** An elderly with mild dementia was diagnosed with ovarian cancer. A nurse wants the patient to be involved in a clinical trial and the patient agrees. However, her daughter refuses. Her son has lasting power of attorney. What should be done?

**Refer to a GP to Assess her mental capacity**

- Mild dementia does not necessarily mean that the patient lacks mental capacity.
- Even if her son has power of attorney, we **firstly** need to make sure whether she has mental capacity or no.
- If the mental capacity assessment shows that she lacks the capacity, then only her son can make the decision and consent.

*Again, it is **her decision, in the first place**, as long as she is mentally capable to make it.*

*If not, the decision is for the person who has **the power of attorney**, who's her son in this scenario.*

### **Note:**

GPs, social care workers and healthcare professionals are trained by [The Mental Capacity Act] to assess the mental capacity for their patients.

However, if it is a complex case, a GP, consultant psychiatrist or psychologist may need to be involved.

**Key** A pregnant woman is in the delivery room. CTG shows bradycardia that is  
**34** persistent. A decision for urgent C-section was made. However, the patient speaks only one different language and cannot understand English. Many attempts to provide a translator had failed. What should be done?

**Proceed to Caesarean Section**

- Foetal Bradycardia is an acute emergency.
- *Although that the unborn fetus has no rights in the UK until he is born, the scenario here did not mention that the mother refuses the CS, but she only cannot understand English, she did not refuse the CS. If she did understand and refused, we would not go for the CS.*



- There is no time to continue calling the translation line or to seek legal advice or to contact the next of kin (close relative).

**Key 35** An elderly woman with Alzheimer's disease comes to the GP clinic with her granddaughter "who is her caretaker". The patient asks you not to prescribe her medications as she has changed her mind on the treatment of her condition. What should be done?

### Assess Her Mental Capacity

- Her granddaughter cannot consent on her behalf unless she has a lasting power of attorney and the patient lacks mental capacity.
- It is almost always safe to pick (Assess mental capacity) in PLAB 1.

**Key 36** A 33-year old woman was found unconscious after receiving her diagnosis of terminal stage cancer. She is brought to the A&E by her boyfriend. The doctors suspect she has taken overdose of benzodiazepine. A note was found next to her saying that she wishes to end her life and refuses treatment. What should be done?

### Initiate treatment and try to save her life without her consent

✓ This suicide note is an **illegal** document.

✓ For it to be legal, it must be signed and witnessed.

✓ Also, it should **include the specific treatment that is refused** and the specific circumstances.

**Key 37**      **(1) An elderly woman with Dementia has had a car accident. She does not remember the accident. What should you do?**

**Advise her to stop driving and to inform DVLA"**

**If she refuses, inform DVLA yourself as a doctor.**

**(2) An elderly woman with Alzheimer's disease continues to drive and refuses to inform any authority. What should you do?**

**Inform DVLA "Driver and Vehicle Licensing Agency"**

- It is the responsibility of the patient to inform DVLA.
- However, if they refuse to do so, it is now your responsibility as a doctor to inform DVLA.

**Key 38** A lady is brought to the A&E by her husband after a car accident. She is deteriorating rapidly, and an urgent blood transfusion is required. Her husband refuses the blood as they are devout Jehovah's witnesses. What should be done?

**Transfuse blood without the need of her consent**

- The patient is unconscious and thus unable to consent.
- The blood transfusion is in her best interest and is life-saving (emergency).
- There is **no blood refusal card mentioned** in the scenario → therefore, this patient should be dealt with as any other acute -urgent- patient.
- The husband has no legal right to object.

**Key 39** While you are on a break, you notice one of your colleagues browsing X-ray pictures on his smartphone. You confront him and he tells you that he is picturing X-rays of many patients for his own educational purposes. What should you do?

- First → **Advise him to delete the images and not to do this again.**
- If he continues → **Advise him to tell his clinical supervisor.**
- If he does not obey and continues his practice → **Inform his clinical supervisor yourself.**

- Pictures of patients' X-ray for educational purposes should be **anonymised** (without the name and the other details of the patient and the hospital).
- Pictures of the patient's faces or parts of the body should not be taken unless a **consent** from the patient is obtained.

**Key** A 40-year-old man with learning difficulties presents with persistent  
**40** hematemesis. A decision for endoscopy was made by the doctors. What should be done as the patient has learning difficulties and cannot understand the procedure?

**Obtain a consent from his guardian with power of attorney**

Patients who are unable to make decisions (e.g. due to learning difficulties or mental disability or any other reason) have **guardians** (appointed by the court) to make **legal, health, financial** decisions instead of the patients.

- **What if this patient was deteriorating and clinically unstable?**  
→ then, proceed to endoscopy without consent as this is in his best interest and there is no time to wait for his guardian.

**Key** A man with HIV refuses to use condoms and refuses to tell his wife about his  
**41** diagnosis. What should be done?

First Step “initial step” → **Encourage him to tell his wife.**

If he refuses → **Notify his wife through the “Partner Notification Programme”**

- This programme is to notify about the sexually transmitted infections (STIs) and/or HIV as they are **communicable disease**.
- The wife has to know in order to get investigations and proper treatment if required.
- *Firstly, the affected patient is asked to inform their spouse within a time frame. If he/ she does not, then the healthcare worker should inform the spouse via the “partner notification programme” protocols.*

**Key** A woman with MS took overdose of tricyclic antidepressant drugs and she is  
**42** now refusing any treatment. What should be done?

**Refer her for psychiatrist to assess her capacity**

**Key** A young lady asks the OBS/GYNE doctor to terminate her pregnancy  
**43** (Gestational Age is 26 weeks). Her reason for this is that she does not want anything to remind her of her boyfriend who used to hurt and assault her. He is now in jail and she is otherwise healthy. What should be done?

**Refuse to terminate the pregnancy**

- In the UK, abortion is a woman's right "i.e. **it is allowed**" as long as the gestational age is **< 24 weeks**. The husband consent is not needed.
  - In the UK, **it is illegal to terminate pregnancy after 24 weeks of gestation** **EXCEPT** if the continuation of the pregnancy would harm and endanger the mother.
  - As the husband is in jail, there is no need to inform the police.
- 

### **What if she presents with a pregnancy before the 24 weeks gestation?**

→ **Allow abortion and provide her with details of an abortion clinic**

**Key 44** A young female ingested 30 pills of paracetamol in aim to end her life after receiving bad news. She refuses to be treated. What should be done?

**Refer her to a psychiatrist to assess her mental capacity to refuse treatment**

Remember, we always tend to do what is in the patient's best interest. If she **accepts** to receive treatment, we would not refer her for mental capacity evaluation. However, if she **refuses** the treatment, we would assess her mental capacity prior to respect her wish not to treat.

**Key** A 40-year old man took 50 pills of paracetamol. The serum paracetamol level  
45 is above the treatment line “N-Acetylcysteine”. He, however, refuses to receive any treatment. What should be done?

**Assess mental capacity**

**Key** You as FY2 doctor found out that your consultant is having a sexual  
46 relationship with one of his depression patients. The patient is to be discharged next week. What should you do?

**Report him to trust manager as per the protocol of the hospital**

- Remember that **doctors are not allowed to make sexual or emotional relationships with their patients or any of the patients’ relatives.**
- You should report the incidence to the ***appropriate seniors according to the hospital protocol.***
- The police should not be involved unless there is sexual assault or criminal acts against the patients.

**Key** A man has a single TIA “Transient Ischemic Attack” and he is now fit for  
47 discharge. What should you advise him about car driving?

**Stop car driving for at least 1 month**

**Stop lorry or Bus driving for 1 year + Inform DVLA even if single TIA**

### When to inform DVLA?

- If group A driver (**Car**) and has **MULTIPLE** TIAs within a short period.
- If group B driver (**Lorry or Bus**) and has a **SINGLE** TIA.

### **Important:**

✓ Cases of **DVT** and **Pulmonary embolism** can continue driving without an issue and as long as they don't lose consciousness and can move their legs freely. They **do not need to be reported to DVLA**.

**Key** A young lady comes to A&E with her husband complaining of abdominal pain.  
**48** She does not speak English and her husband translates to both of you. While examining her abdomen, you found many bruises. The husband tells you that she has fallen the stairs a week ago. What should be done?

**Admit the patient and request an independent translator**

- As doctors, we need to take suspected **domestic abuse** seriously.
- Admitting the patient would prevent her contact with her husband who might continue hurting her.



- It would also give us a chance to arrange an independent translator via “[NHS Language Line](#)” so we can understand the real story as she will most likely speak freely away from her husband.
- We should not contact the police or the safeguarding before knowing the whole story.

**Key** A patient with a knife injury on his thigh comes to A&E. later, the police  
**49** comes and tell you that there is a murder they are investigating on. What should be done?

**Provide only necessary information after getting a consent from the patient**

- It is not allowed to let the police access the patient if this will delay or affect his treatment or recovery.
- Before disclosing personal information of a patient, ask the patient for his permission and consent UNLESS if hiding this information would likely put others at risk of harm.

**Key** A 15-year old girl present with mild vaginal bleeding. Pregnancy test is  
**50** Positive. She refuses to tell her parents and she refuses to give any information about her partner. What should be done?

**Assess her competency to make decisions**

**Key** You suspect that your colleague FY2 doctor is under illicit drugs as some  
**51** nurses have told you he is hallucinating sometimes and does not complete his duties. You confront him and he admits that he is taking cannabis. What should you do next?

**Inform his clinical supervisor.**

1<sup>st</sup> → confront him.

2<sup>nd</sup> → inform a senior.

3<sup>rd</sup> → inform GMC.

In some situations, we cannot just give advice and leave it at this level. This might endanger patients' safety. It is clear that this FY2 doctor is likely to have a psychological illness which may endanger the patients. Therefore, raise your concerns to his clinical supervisor.

**Key** A 15-year old girl comes to your clinic with her boyfriend who is also 15-year  
**52** old. She asks you for Oral Contraceptive Pills (OCP) as they are sexually active. They could not be convinced to tell their parents. What should you do?

**Advise them about safe sex and prescribe the OCP**

- They are the same age → no fear of child abuse or exploitation.
- They refuse to tell their parents.

**Key 53** A nurse has, accidentally, left papers of the ward patients' details in the discharge summary file of one of the patients. Next day, the discharged patient called the hospital and informed you about the papers he found. What should you do?

**Complete an incident form and raise it to the information governance lead**

- The Information Governance Lead is responsible for storage, collection and management of information.
- This is a case of breach of confidentiality, the Lead should be informed so they can take an appropriate action.

**Key 54** A patient is brought to the A&E after RTA. He is conscious, alert and oriented. His wife has just arrived to the hospital and asked you about her husband's condition. What should you do?

**Ask the patient's permission before disclosing any information**

- No information should be disclosed to a third party without a permission from the patient even to his spouse and relatives!

## **What if the patient is unconscious?**

You may inform the relatives about the patient's condition unless you **STRONGLY** believe that the patient would not allow.

**Key 55** A 12-year old boy is brought to you by his mother. She wants a cosmetic surgery for her son's ears as they are sticking out and his school friends bullies him for it. However, the boy refuses the operation. What should be done?

### **Involve social services and explore their concerns**

- Cosmetic procedures are not usually carried by the NHS. However, this case is not entirely cosmetic as it is a **reconstruction of a congenital deformity**.
- We cannot neglect the boy's decision as this is a surgery which may affect his life. So, we may involve social services and explore their concerns, one of which is to **assess the boy's capacity**.
- At the same time, we cannot rely entirely on his decision as he is below 16 (The legal age to make decision in the UK).
- If it was a life-saving procedure, we would proceed with the intervention despite his refusal as he is below 13 and his mother's decision can override the 12-year old decision. (**Always lean towards what is in the patient's best interest**).

**Key** A lady insists on undergoing sterilisation as her last child has cerebral palsy.  
**56** She has tried many forms of contraception and finally decided to go for sterilisation. Nevertheless, her husband refuses the procedure. What should be done?

**Respect her wishes and proceed to sterilisation**

- There is no indication in the question towards lacking the mental capacity.
- The husband has no right to override her decision.

**Key** A 13-year old girl presents to the GP with her 13-year old boyfriend and asks  
**57** for OCP. What should be done?

**Give contraception**

They are **the same age**. No fear for child abuse or exploitation. However, a GP would advise them to inform their parents first, and then advise on safe sex and provide the OCP.

**Key** An 85-year old woman with advanced dementia was admitted for  
**58** pneumonia. A few days later, she becomes better but without a full recovery.

**She insists to leave the hospital. However, her daughter says that leaving the hospital might be unsafe as she lives alone. What should be done?**

**Assess her mental capacity**

- Remember that having dementia does not necessarily indicate impaired mental capacity.
- GMC says “mental capacity is decision and time specific”.
- Some may choose to **sedate the patient with benzodiazepine**. This is wrong unless she clearly lacks mental capacity and her leaving might cause harm to herself or to others.

**Key 59 A Jehovah’s witness has severe postpartum hemorrhage. Her vital signs are deteriorating. She has an advance directive form states that she is not to be given blood products even if to save her life. Her husband wants blood transfusion. What should be done?**

**Give IV fluid**

- We must respect her wishes of not to receive blood products “as stated in her blood refusal card”.
- **Pay special attention to the options as sometimes there will be an option “Give IV fluid”. This would be the correct answer.**

- If this was not in the options, pick (Respect her wishes and do not transfuse blood).

**Key** While on a restaurant, you found a paper with patients details on a nearby  
60 table which is unattended. What should you do?

**Look through the paper to find the GP contact and then inform the GP practice**

**What if no contact details are there?**

→ take the paper to the hospital named on it.

**Key** A schizophrenic young man attends a psychiatry clinic for follow-up. He says  
61 that he hears sounds telling him to hurt his ex-girlfriend. He admits that he knows that these sounds are not real but he sometimes has a tendency to follow them. Suddenly, he leaves the clinic before the consultation is ended. What should be done?

**Breach the confidentiality and inform the police AND his ex-girlfriend**

**The risk of harming the ex-girlfriend outweighs the patient's privacy.**

**Always consider breaching confidentiality if there is a public interest or if keeping the confidentiality would likely to harm somebody.**

## When to breach confidentiality?

- If the patient gives a consent to do so.
- If keeping confidentiality would likely to harm somebody. Breaching confidentiality is in the public's best interest.
- When requested by the Law (e.g. court order, requested by a judge).
- When breaching confidentiality is in the patient's best interest "there is a benefit for the patient who lacks capacity".

**Key 62** • A Patient was diagnosed with HIV in a Genitourinary clinic. He asks not to tell his GP about his diagnosis. What to do?

- **Accept the patient's decision and do not tell his GP**
- This is because the patient can take his anti-viral treatment at the GU Clinic.
- Also, AIDS is a blood-borne disease and its disclosure has no public interest (It won't make any differences to the risk of transmission if you break the news to the GP).
- The case might have been different if the disease is an air-borne disease.

**Key 63** A patient wants to thank you so he offers you a valuable hand watch. What should you do?



**Refuse it and explain to him that doctors are not allowed to receive valuable gifts from patients**

- Valuable gifts include **money** and gifts that are of **£100** or more. You **cannot** accept these.
- You can accept small tokens, symbolic gifts.

If the patient insists → Recommend donating it to a charity or to the department fund.

**Key 64** A lorry driver has seizure but continues to drive. What should be done?

→ **Inform DVLA.**

A mother with Alzheimer's continues to drive. Her son advised her not to do so. However, she insists to drive.

→ **Report to DVLA.**

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☐ A man has a single TIA "Transient Ischemic Attack" and he is now fit for discharge. What should you advise him about car driving?

→ Stop **car** driving for at least **1 month** +

→ Stop **lorry or Bus** driving for **1 year**

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## When to inform DVLA (in case of TIAs)?

- If group A driver (**Car**) and has **MULTIPLE** TIAs within a short period.
- If group B driver (**Lorry or Bus**) and has a **SINGLE** TIA.
- You must tell DVLA if you've had any **epileptic attacks, seizures, fits** or **blackouts**.

■ A man with **Obstructive Sleep Apnea (OSA)**, what shall he do regarding driving issue?

→ **Encourage him to inform DVLA**

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Patients with **DVT** or **Pulmonary embolism** **DO NOT NEED** to inform DVLA and they can drive (no restrictions on driving for DVT or PE patients).

**Key** An 85-year-old woman with advanced dementia was admitted for pneumonia. A few days later, she becomes better but without a full recovery. She insists to leave the hospital. However, her daughter says that leaving the hospital might be unsafe as she lives alone. What should be done?

**Assess her mental capacity**

- Remember that having dementia does not necessarily indicate impaired mental capacity.
- GMC says “mental capacity is decision and time specific”.

- Some may choose to **sedate the patient with benzodiazepine**. This is wrong unless she clearly lacks mental capacity and her leaving might cause harm to herself or to others.

**Key** You suspect that one of your colleague doctors is taking cannabis. What  
**67** should you do?

1<sup>st</sup> line → **Confront him**

2<sup>nd</sup> → **inform a senior doctor**.

3<sup>rd</sup> → **inform GMC**.

If unsure what to do → **seek advice from medical defence organisation**.

**Key** A patient with Multiple Sclerosis (MS) has taken 40 paracetamol pills to end  
**68** his life. His wife wants him to be treated from paracetamol overdose; however, he insists not to be treated. What should be done?

→ **Assess his mental capacity**

Prior to make him consent not to receive treatment, we need to make sure that he is mentally capable to take such a decision. Remember also that he has MS.

**Key** An obese man slept while driving a lorry. He is afraid to lose the job. What is  
**69** the likely Dx and what should be done?

→ **Obstructive sleep apnea**

→ **Advise him to inform DVLA**

If refuses → **Inform DVLA**

**Key** 70 **■ A man with HIV refuses to use condoms and refuses to tell his wife about his diagnosis. What should be done?**

First Step “initial step” → **Encourage him to tell his wife.**

Second step if he insists not to inform his wife

→ **Notify his wife through the “Partner Notification Programme”**

- This programme is to notify about the sexually transmitted infections (STIs) and/or HIV as they are **communicable disease**.
- The wife has to know in order to get investigations and proper treatment if required.
- *Firstly, the affected patient is asked to inform their spouse within a time frame. If he does not, then the “[partner notification programmes]” should inform the spouse.*

**Key** 71 **☐ An elderly lady with breast cancer has learning difficulty was offered to be on a new medication trial but her daughter disagreed? What to do next?**

→ **Refer the patient to psychiatrist to assess her capacity to refuse.**

**Key** 72 **A 15-year-old girl presents to her GP for Contraception. She is having sex with a boy who is in her class. She doesn't want her parents to know because they would be upset. Which of the following should the GP inform?**

A. **No one**

B. Her Parents

C. Police

D. School Nurse

E. Social service

- If her partner is **the same age** as her or slightly older, you should **advise her to tell her parents first**. If she refuses, then **advice about safe sex and**

**prescribe the contraceptive pills** as long as she understands the aspects of the treatment and it is in her best interest physically and mentally.

**Key** A man who had chest infection, seen by FY2 doctor who requested CXR.

**73** Radiologist reports normal findings and man is treated. Afterwards, abnormal findings are discovered and patient is notified and treated. What should the doctor do?

a) **Add an addendum to the initial notes, stating new findings with today's date a'd sign**

b) no changes needed to record

c) Delete your previous documentation and write a new one

d) Write a letter to the patient apologizing and put a copy in the patient's record'

✓ Always document the events in the patient's record.

✓ No deletion or amendments on the previously added notes should be made.

✓ Just add a new addendum regarding the recent/ new events.

**Key** A female patient requiring breast examination. She came to clinic with family and friends. You as a male doctor offered a female chaperone but the patient refuses the presence of the chaperone. What should be done?

**74**

A) Allow family to chaperone

- B) Allow friend to chaperone
- C) **Accept her refusal to chaperone, go ahead and examine her, and document what happened.**
- D) Refuse to carry out the examination without a chaperone
- E) a chaperone must be made available whether the patient consents or not

A Chaperone should be offered. However, if the patient refuses the presence of chaperone, the doctor may proceed without him/her. Nonetheless, he should document the event in the patient's record.

**Key 75** A FY2 doctor sustained a needle stick injury while taking a sample from an unconscious patient with a history of Intravenous drug use. The department of public health recommends that a sample to be taken from the patient for further investigation. What is the appropriate next step?

- A. No need to take the sample
- B. Ask for consent from the family of the patient
- C. Take the sample.
- D. **Wait until the patient is conscious and take consent**
- E. obtain a court order for sampling

You need to wait for the patient to become conscious in order to obtain a consent and send a blood sample to investigate for blood-borne infections.

You cannot investigate for infections unless he accepts and consents EXCEPT if it is for his best interest. In the given scenario, this sample of blood and analysis are in the doctor's best interest, not the patient's!

**Key** A 45 YO male presents with a lump on his left testicle. The male doctor offers a chaperone. However, the patient declines and says that he does not want a chaperone. The patient's wife and friend are in the waiting room. What should be done?

→ Carry on without a chaperone and document that the patient refused a chaperone.

✓ The chaperone MUST be offered.

✓ However, if the patient refuses, the doctors can carry on without a chaperone but they need to document this in the patient's records.

✓ Family, relatives, and friends are not considered chaperones. However, they may attend beside the chaperone if the patient is willing.



✓ If the doctor feels that he cannot proceed without a chaperone, he can refer the patient to another doctor provided that any delay will not cause harm to the patient.

**Key 77** A man with HIV refuses to tell his wife about his diagnosis. He promised to used condoms but he does not want his wife to know about his diagnosis. What should be done?

- First Step “initial” most appropriate step is to:

→ **Encourage him to tell his wife and to bring her for a check-up**

- If he refuses

→ **Notify his wife through the “Partner Notification Programme”**

This would be done by the sexual health doctor.

✓ Condoms are good barriers to reduce the risk of HIV transmission but they are not 100% effective. Also, we cannot rely entirely on his promises.

- This programme is to notify about the sexually transmitted infections (STIs) and/or HIV as they are **communicable disease**.
- The wife has to know in order to get investigations and proper treatment if required.

- *Firstly, the affected patient is asked to inform their spouse within a time frame. If he does not, then the “[partner notification programmes]” should inform the spouse.*

**Key 78** An elderly woman has been living with dementia for 3 years. Her neighbour comes to the GP clinic and says that the daughter of that elderly lady is treating her sick mother weird. She locks her mother in house when she goes out. What should be done?

→ **Inform the local safeguarding team.**

✓ The local safeguarding team would investigate this issue and try to offer solutions that will not endanger that elderly lady with dementia.

✓ There is a risk that this elderly woman would be exposed to neglect, or may be her daughter is trying to protect her by locking her in house for long periods. However, the safeguarding team and the social services would speak to the daughter and know her intentions and work together to provide appropriate solutions.

✓ The police might be involved if the safeguarding team feels that the elderly mother is being abused and neglected by her daughter.

**Key 79** You are a FY2 doctor and one of your colleague doctors has started to have a relationship with one of the patients. He told you that he thinks that she is cute and he would like to go out with her on date. They are already friends on Facebook. What should you “initially” do?

☐ Initially → **Speak to him and tell him that making relationships with patients is unprofessional and against good medical practice.**

“he might be unaware of this and might stop after being informed”

☐ If he continues to pursue this relationship after you have approached him:

→ **Inform his clinical supervisor/ consultant/ medical director.**

☐ If he continues to cross professional boundaries:

→ **Inform GMC.**

**Key 80** One of your colleague doctors has recently posted an Instagram photo of him and a 21-year-old girl on a drunken date. You have realised that this girl was a patient under this doctor’s care recently. You confronted him, but he said that she has made the first move, and he finds her attractive. He does not see his act as improper because she is not his patient anymore. What should be done?

Since you have already confronted him “which is the initial step” and he persists, the next most appropriate step would be:

→ **Report to the lead consultant.**

It is inappropriate to start a relationship with your current or former patient, especially if the professional relationship has ended recently like in this case.

**Key** A divorced mother who has 3 children under her care presents complaining of  
**81** depression. During history taking, she admits that she had used cocaine last year for only a week to cope with her low moods. However, she has not used it since then. She asks you not to write these notes about taking cocaine in her medical records. What would you do?

→ **Inform her that any clinically relevant notes have to be documented but will stay confidential.**

**Key** A 44 YO woman comes to the GP requesting sleeping pills because she cannot  
**82** sleep at night due to the loud music being played at night by her neighbours. She asked them several times to keep it down but they did not respond. She cannot focus at work because of the lack of sleep. What is the most appropriate action?

→ **Advise the patient to inform the local authorities.**

**What if the local authorities have already been informed?**

Then → Advise the patient to inform the police.

- No point of advising on sleeping hygiene because the reason is physical (loud music at night by the neighbours).
- Also, prescribing sleeping pills is incorrect as long as the cause is external and can be stopped.

**Key 83** An FY2 doctor who is a friend of yours working at the same department has been having suppurative tonsillitis. He asks you to write him antibiotics prescription. What should you do?

→ **Ask him to see his GP.**

✓ In the UK, it is a good practice not to prescribe for family, friends or colleagues.

✓ Also, his GP is the best option as he knows his medical history and drug history.

**Key 84** You were at a visit to a nursing home and saw one of the carers “a nurse” yelling at a patient, using bad words, and threatening him to lock him up. What should have you done?

→ **Contact social services/ the safeguarding authority.**

✓ Confronting the nurse is a lenient act in this scenario.

✓ Reporting the nurse to her principal/ supervisor is incorrect as the issue involves threatening and we are not sure if the supervisor would take appropriate actions in this case.

✓ In the UK, threatening is a crime, however, we leave it for the social services to decide whether they need to inform the police or no after they investigate the situation.

**Key 85** An old patient with terminal stage lung cancer presents to his GP and states that he does not want to be resuscitated shall he undergo a cardiac arrest. The GP believes that CPR would not help in his case and even if it goes successfully, it would lead to a poor quality of life. The patient is also following up with an oncologist and a palliative care team. What should this GP do?

→ **Fill in and sign DNR form.**

**DNR = Do Not Resuscitate.**

✓ NHS states that: everyone has the right to refuse CPR “cardiopulmonary resuscitation” if they wish.

✓ As this is the patient’s wish, it is enough for his GP to fill in a DNR form.

✓ The GP is legible to fill in and sign a DNR form. In fact, most DNR forms are signed by GPs given that they know their patients the best.

✓ In the case of a junior doctor, the DNR form should be countersigned by a more senior doctor.

✓ Note that a DNR decision is a clinical one. I.e, if the patient went unconscious and has no advance directive (a living will), the clinical team can decide whether to assign a DNR or no. It is a clinical decision.

**Key 86** An elderly lady with Alzheimer's disease presents to her GP asking him to change her will as she believes that her family is looking for her money. What should this GP do next?

→ **Assess her mental capacity.**

✓ Remember that the mere fact this lady has Alzheimer's does not mean she lacks capacity. We need to assess first!

✓ Remember that having dementia does not necessarily indicate impaired mental capacity.

✓ GMC says "mental capacity is decision and time specific".

◆ Some may choose the option that says "refer for a psychiatrist to assess her mental capacity". This is incorrect.

In the UK, any doctor can assess the mental capacity and thus no need to refer to a specialist.

**Key 87** An elderly man with Alzheimer's disease living in the nursing home have been deteriorating lately. He had signed his advance directive "living will" 2 years

ago that states that he does not want to be admitted to a hospital if he deteriorated. He selected his son to be his lasting power of attorney 3 years ago. The son now insists that his father should be admitted to a hospital. His daughter is the next of kin insists to admit her father as well. The patient is assessed by the nurses and found to lack mental capacity. What should be done?

- A) **Follow the advance directive.**
- B) Follow the son "The lasting power of attorney for health".
- C) Follow the daughter "The next of kin".

✓ Let's firstly exclude the next of kin "the closest relative" as they legally cannot take decisions.

✓ Now let's see the **advance directive VS Lasting power of attorney**:

- **The most recent one is the one to be followed.**
- Since the advance directive was signed 2 years ago while the lasting power of attorney was appointed 3 years ago, the advance directive is to be followed as it is more recent.

If the advance directive was signed 3 years ago, and the lasting power of attorney was nominated 2 years ago, the wish of the lasting power of attorney is to be followed as it is more recent.



**Key** You have successfully treated a patient and he handed you an envelope that  
**88** contains 60 GBP as a gift. What should you do?

- A) **Politely refuse the gift.**
- B) Accept it as it is less than 100 GBP.
- C) Ask him to donate it to a charity or to the department.
- D) Refuse, but if he insists, accept it.

- Valuable gifts include **Money of any amount** + **gifts that are of £100 or more**.  
You cannot accept these.

- You can accept small tokens, symbolic gifts.

If the patient insists → Recommend donating it to a charity or to the department fund.

**So, you should always decline Money of any amount!**

**Key** To protect people with dementia from “financial abuse”  
**89** → **inform the safeguarding adult team/ Social Services.**

*Many doctors struggle to understand what is meant by “the safeguarding” and “social services”. Kindly, read the following topic:*

## Adult safeguarding/ Social Services

### What does safeguarding adults mean?

Safeguarding means protecting the health, wellbeing and human rights of adults at risk, enabling them to live safely, free from abuse and neglect. Safeguarding is everyone's responsibility.

It is about people and organisations working together to prevent and reduce both the risks and experience of abuse or neglect. It also means making sure that the adult's wellbeing is supported and their views, wishes, feelings and beliefs are respected when agreeing on any action.

### Who is an 'adult at risk'?

An 'adult at risk' is someone who may be in need of help because they have care and support needs. They may be unable to stop someone else from harming or exploiting them.

Abuse happens when someone hurts you or treats you badly. It can be accidental or deliberate. Abuse can take many forms. There doesn't need to be an injury for abuse to have taken place. Neglect is when someone who is meant to look after you does not look after you properly.

### What do we mean by abuse?

Abuse is described as a violation of an individual's human and civil rights by any other person or persons which results in significant harm. Abuse may consist of a

single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

### What forms do abuse and neglect take?

**Physical abuse** – including hitting, slapping, pushing, unnecessary restraint or misusing medications.

**Domestic violence** – including all types of abuse between family members or partners; so called ‘honour’ based violence.

**Sexual abuse** – including inappropriate touching, indecent exposure, rape, harassment or any sexual acts the adult has not consented to.

**Psychological abuse** – including emotional abuse, threats of harm, attempts to control, coercion, verbal abuse and bullying.

- ‘Cuckooing’ is a term used where criminals exploit vulnerable people by taking over their homes to deal drugs and commit other crimes

**Financial or material abuse** – including theft, fraud, coercion with regard to financial affairs

**Modern slavery** – including forced labour and human trafficking.

- Modern Slavery is a serious and brutal crime in which people are treated as commodities and exploited for criminal gain. The true extent of modern slavery in the UK, and indeed globally, is unknown – Home Office

**Discriminatory abuse** – harassment or slurs due to someone’s race, gender, age, disability, sexual orientation, religion or gender identity.

**Organisational abuse** – including neglect and poor care practice within a care setting or in relation to care provided in one’s own home.

**Neglect and Acts of Omission** – failure to act or ignoring medical, emotional or physical care needs.

**Self-neglect** – neglecting to care for your own health, hygiene or surroundings. This can include hoarding.

### The six principles for safeguarding adults are:

**Empowerment** – presumption of person led decisions and informed consent

**Prevention** – it is better to take action before harm occurs

**Proportionality** – proportionate and least intrusive response appropriate to the risk presented

**Protection** – support and representation for those in greatest need

**Partnerships** – local solutions through services working with their communities

**Accountability** – accountability and transparency in delivering

**Key 90**      **(1) An elderly woman with Dementia has had a car accident. She does not remember the accident. What should you do?**

**Advise her to stop driving and to inform DVLA.**

**If she refuses → Inform DVLA yourself.**

**(2) An elderly woman with Alzheimer's disease continues to drive and refuses to inform any authority. What should you do?**

**Inform DVLA "Driver and Vehicle Licensing Agency"**

- It is the responsibility of the patient to inform DVLA.
- However, if they refuse to do so, it is now your responsibility as a doctor to inform DVLA.

**Key 91 An old female with chronic myeloid leukemia signed an advance directive that she does not want to be transferred to a hospital if she becomes unwell. She also has a "DNR: do not resuscitate" form signed by her GP. However, her daughter wants her mother to be transferred to the hospital and to be resuscitated. What should be done?**

**→ Inform the daughter that her mother wishes not to be transferred to the hospital and explain to her what a DNR means.**

- Advance directive should be followed.
- DNR is signed by her GP, DNR is a decision of medical professionals not patients or their families.

- However, the family members should know the meaning of a DNR and should be involved about the reasons of the DNR but their decision would not be important.

**Key** If a GP has prescribed contraceptive medication to a girl who seems to have competence and understanding of the whole situation, if her mother discovered and becomes upset about it

→ **Explain the patient confidentiality to the mother.**

**Key** A 50 YO woman had a Hx of stroke 2 years ago and she has been on clopidogrel since then. She went to elective appendectomy and was advised to stop clopidogrel 7 days before the elective surgery by the surgical team because it may lead to perioperative hemorrhage. However, after stopping clopidogrel and going for the surgery, she developed another stroke. Her husband comes upset and asking about the cause of this second stroke. What should be done?

→ **Explain to him that stopping clopidogrel might be the cause of the second stroke but do not apologise for stopping clopidogrel.**

On weighting the risks and benefits, clopidogrel should be ceased 7 days before surgery to prevent possible bleeding during the operation. Thus, no need to apologise for following the guidelines that are made based on the patient's best interest.

**Key 93** A patient with a knife injury on his thigh comes to A&E. later, the police comes and tell you that there is a murder they are investigating on. What should be done?

**Provide only necessary information after getting a consent from the patient**

- It is not allowed to let the police access the patient if this will delay or affect his treatment or recovery.
- Before disclosing personal information of a patient, ask the patient for his permission and consent UNLESS if hiding this information would likely put others at risk of harm.

**HOWEVER, if the gun, knife injury is caused by the patient himself**

**e.g. a female cuts her wrist by herself**

**→ refuse to give the police any information about the patient.**

**Key 94** A young male with epilepsy has been prescribed an antiepileptic medication (lamotrigine). However, he is not compliance and does not take the medication and therefore he still develops seizure. The patient lacks capacity. What should be done?

**→ Arrange the meeting to discuss the patient's best interest.**

**In the case of a patient lacking capacity and not compliance with his medications, follow the following steps in order:**

- 1) Arrange a meeting between the medical professional and the family member to discuss it.
- 2) If still no agreement → an independent advocate should be involved.
- 3) Is still no agreement → a court should be involved for independent ruling.

**Key 95** A 12-year old boy is brought to you by his mother. She wants a cosmetic surgery for her son's ears as they are sticking out and his school friends bullies him for it. However, the boy refuses the operation. What should be done?

**Involve social services and explore their concerns**

- Cosmetic procedures are not usually carried by the NHS. However, this case is not entirely cosmetic as it is a **reconstruction of a congenital deformity**.
- We cannot neglect the boy's decision as this is a surgery which may affect his life. So, we may involve social services and explore their concerns, one of which is to **assess the boy's capacity**.
- At the same time, we cannot rely entirely on his decision as he is below 16 (The legal age to make decision in the UK).
- If it was a life-saving procedure, we would proceed with the intervention despite his refusal as he is below 13 and his mother's decision can override



the 12-year old decision. (Always lean towards what is in the patient's best interest).

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**A 13-year old boy is brought to you by his mother. She wants a cosmetic surgery for her son's ears (pinnaplasty) as they are sticking out and his school friends bullies him for it. However, the boy refuses the operation and he understands all aspects. What should be done?**

**Refuse to refer**

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**A 13-year old boy is brought to you by his mother. She wants a cosmetic surgery for her son's ears (pinnaplasty) as they are sticking out and his school friends bullies him for it. The boy also asks for the operation as he is a subject of extreme bullying, and he understands all aspects. What should be done?**

**Refer to a NHS plastic surgeon**

**Key 96 A patient has signed to undergo surgery. However, on theatre, the surgeon found out the types of the procedure that the patient has signed on is different than the type of the approach they are planning to follow during the surgery. What should be done?**

→ **Cancel the operation and wait the patient to wake up and re-sign on the appropriate surgery.**

Never take consent forms lightly. They are legal documents.

**Key** A patient has signed to go for an elective herniorrhaphy. He has been given  
**97** pre-anaesthetic medication. Shortly after, he changed his mind and wanted to cancel the procedure. What should be done?

The patient has the right to change his mind at anytime before the surgery. However, the decision should be discussed and made by senior doctor. Thus,

→ **Inform the consultant in charge.**

**Key** The family members of an old man with terminal cancer ask the doctors to  
**98** hide the diagnosis and the prognosis from the patient as he will get so depressed. What should be done?

→ **The doctors need to ask the patient to what extent he would like to know about his diagnosis and prognosis.**

**Key** A 55 YO man with severe peripheral arterial disease needs to have  
**99** amputation of his right leg. He has a Hx of schizophrenia that is well

controlled for the past 5 years. The surgery team need his consent for the amputation. What is the most appropriate initial action?

→ **Take consent from the patient.**

- Having schizophrenia does not necessarily mean he lacks capacity.
- In addition, his schizophrenia is well controlled.
- Doctor should assume that all adults have capacity unless it is clear they lack it e.g., if they are not able to understand, weigh up information or communicate their decisions.

**Key 100** An 88 YO woman with a long history of dementia and seizures has been admitted to ICU for severe pneumonia. IV fluids and antibiotics have been commenced. The anaesthetic team believe that it would be futile (pointless) to resuscitate her or to intubate if she develops cardiac arrest. However, her family insist on resuscitating her in that case. There is no advance notice or living will in her notes that point towards her decision for resuscitation. What is the most appropriate action?

- A) Fill in a DNR order.
- B) Respect her family's wishes and resuscitate her if needed.
- C) Withdraw all treatment.
- D) Seek a court order.
- E) **Discuss the concerns of the anaesthetic team with her family.**

## ✓ Remember:

- DNR “Do Not Resuscitate” is a decision of medical professionals not patients or their families.
- However, the family members should know the meaning of a DNR and should be told about the reasons of the DNR but their decision would not be important.

So, in this question, a DNR order would be filled in after it has been revealed to and discussed with her family FIRST to explain the reasons for them.

### What if this same patient has no family?

→ **Fill a (DNR) form.**

In short, if the medical professionals believe that a DNR is not in the patient’s best interest, they would fill a DNR form after discussing (revealing, clarifying) this decision to the patient’s family. The family’s opinion would not overrule the doctors’ decision. If he has no family, they would fill a DNR form.

**Key** A man with hepatitis B came to your clinic. He is sexually active with his wife.  
**101** What should be done?

First Step “initial step” → **inform him to tell his wife about his hepatitis B.**

If he refuses → **Inform his wife** through the “Partner Notification Programme”

*✓ So, firstly, the clinician should encourage him to inform his partner about his communicable disease.*

*✓ If he insists not to tell his partner, it is then the duty of the clinician to inform the partner.*

**Key** An 83 YO patient with advanced dementia was admitted to the hospital  
102 because of lower respiratory tract infection. She has not recovered yet and she wants to leave the hospital. She tried to escape several times.

→ **Obtain legal paperwork to keep her admitted.**

She has not recovered yet.

Mental capacity is doubtful and needs to be assessed.

Sedation with benzodiazepines might be used after the legal paperwork is done or if she tends to harm herself or others.

**Key** A man presents to the ER with superficial cut wound on his left arm. He was  
103 treated by a FY2 doctor “junior”. The patient informed the FY2 doctor that this cut is caused by a knife by his wife during an argument, and the patient wishes that the accident would not be disclosed to the police. What should this FY doctor do?

→ **Seek advice from the senior “consultant”.**

When there is risk of harm to others, all gunshots and knife injuries should be reported to the police.

In this case, it is a bit complicated as the harm is for the patient only.

As a junior doctor, refer to a senior and he should decide whether to inform the police or to respect the patient’s wish.

**Key** A daughter is claiming that her mother lacks mental capacity and wants to be  
104 her power of attorney for her mother’s finances.

→ **Involve safeguarding.**

If there is suspect of financial abuse → safeguarding should be involved.

**Key** A GP had mistakenly prescribed a medication to be taken 3 times a day  
105 instead of twice a day. The patient had been taking this medication for 3 months until another doctor discovered the mistake. What should be done?

→ **Report incident via local reporting managing system.**

**Key** A GP wants to prescribe antidepressants to a very old man who has severe  
106 depression for 12 months after the death of his wife. The patient lacks mental capacity and cannot understand the benefits of the medication. The GP

believes that antidepressant would help alleviate his depression. However, the patient's daughter (the next of kin) refuses. What should be done?

→ **Seek legal advice (Seek advice from the medical defence organisation).**

- The next of kin “the closest relative” legally cannot take decisions.
- The patient lacks mental capacity to decide.
- If this was an emergency case, the doctor should do what's in the patient's best interest.
- However, this is not an emergency → we have time to involve the **legal team**.

**Key 107** An 85 YO woman who lives in sheltered accommodation has fell while climbing the stairs. X-rays show femur neck fracture. The surgical team has discussed the case and they believe that she needs an operation as this would improve her general outcome. However, she lacks capacity to decide. Also, she has no relatives, no appointed attorney or advance directive. What should be done?

→ **Perform the surgery in her best interest.** Even without her consent.

In cases like this where no one can decide on the patient's behalf. And the team agree on the operation. The surgical team would proceed with what's in the best interest for the patient.

**Key** You are a FY 2 doctor. You have suspicions that your colleague (Peter) is using cannabis. Upon confronting him, he admits that he is using cannabis. He rejected your advice to stop cannabis.

- A) Report to GMC.
- B) **Inform his superior.**

The correct option here is (B). Please, see the next question with the mild difference in the options.

---

You are a FY 2 doctor. You have suspicions that your colleague (Peter) is using cannabis. Upon confronting him, he admits that he is using cannabis. He rejected your advice to stop cannabis.

- A) **Report to GMC.**
- B) Ask him to inform his superior.

The right option here is (A). We cannot trust him that he would inform his seniors. In the previous example, the option was (YOU) report him to his senior and this is correct. But if this option is not available, then (A) is correct.

Something has to be done as he is putting the patient's well at risk.



## Remember:

1<sup>st</sup> → confront him.

2<sup>nd</sup> → inform a senior.

3<sup>rd</sup> → inform GMC.

## Key 109 Important Summary Points on Informing DVLA (Driver and Vehicle Licensing Agency) In Different Scenarios:

### Quick Summary:

✓ Confirmed cases of **Epilepsy, Seizures, Alzheimer's, Dementia, OSA (Obstructive sleep apnea)** always need to be reported to DVLA. (First by the patient, if he refused, you as a doctor should inform DVLA).

Those who has not yet been confirmed should be **advised to stop driving** until the diagnosis is confirmed. After that DVLA should be informed.

✓ Cases of **TIAs (Transient ischemic attacks)** should stop driving for a specific period (depending on whether he is a car: 1 month or a lorry driver: 1 year) but not always need to be reported to DVLA – See Below.

✓ Cases of **DVT** and **Pulmonary embolism** can continue driving without an issue as long as they haven't experienced loss of consciousness and can move their legs. **They do not need to be reported to DVLA.**

---

• A lorry driver has **seizure**. What should be done?

→ **Advise him to inform DVLA.**

If he refuses → **You as a doctor should inform DVLA.**

- A mother with **Alzheimer's** continues to drive. Her son advised her not to do so. However, she insists to drive.

→ **Report to DVLA.**

---

### ■ Transient Ischemic Attack (TIA) and Driving, DVLA Issues:

Any patient with **TIA** should stop driving (**car for 1 months**, and **lorry or bus for 1 year**). But informing DVLA is not necessary if only **single** TIA if he is a **car** driver. However, if he is a **lorry or a bus** driver, DVLA should be informed **even if** he has only had a single TIA.

■ A man has a **single** **TIA** “Transient Ischemic Attack”, and he is now fit for discharge. What should you advise him about car driving?

→ Stop **car** driving for at least **1 month** + (no need to inform DVLA as it is a single TIA, and he is a car driver not a lorry or a bus driver).

■ A man has a **single** **TIA** “Transient Ischemic Attack”, and he is now fit for discharge. What should you advise him about Lorry/ bus driving?

→ Stop **lorry or Bus** driving for **1 year** + (Inform DVLA).

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### When to inform DVLA (in case of TIAs)?

- If group A driver (**Car driver**) and has **MULTIPLE** TIAs within a short period.
  - If group B driver (**Lorry or Bus driver**) and has even a **SINGLE** TIA.
  - You must tell DVLA if you've had any **epileptic attacks, seizures, fits** or **blackouts**.
- 

■ A man with **Obstructive Sleep Apnea** (OSA), what shall he do regarding driving issue?

- If OSA is not yet confirmed → **Advise him not to drive until assessment**.
  - After the Dx of OSA is confirmed → **Encourage him to inform DVLA**.
  - If he refused to inform DVLA after confirming OSA → **Inform DVLA on his behalf**.
- 

■ Patients with **DVT** or **Pulmonary embolism** **DO NOT NEED** to inform DVLA, and they can drive (no restrictions on driving for DVT or PE patients) as long as they haven't experienced loss of consciousness and can move their legs freely.

**Key** Using any picture of a patient that includes his personal data for any purpose  
**110** (eg, medical lectures) requires → **patient's consent**.

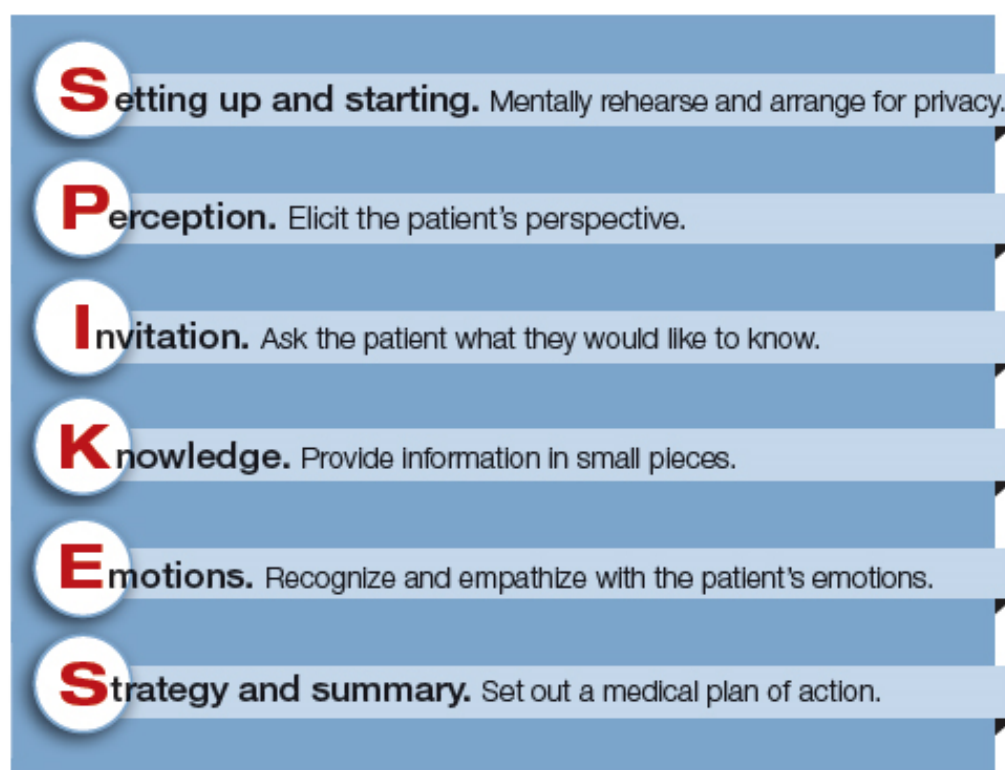
**Key** Before telling a patient about his Diagnosis and Prognosis (ie, before breaking  
**111** bad news) → **Ask him if he wants to know his diagnosis and prognosis or no**.

## ▣ Steps of breaking bad news (**SPIKES**):

**Setting** → **P**erception → **I**nvitation → **K**nowledge → **E**motion → **S**ummary

Steps of Breaking Bad News ( <b>SPIKES</b> ):		
1	<b>Setting</b>	The set-up of the meeting is important. You should create a warm and welcoming space that does not seem cold or clinical. If the patient wants family or close friends to be there in support, make sure that these people are included as well.
2	<b>Perception</b>	Perception refers to the patient's current level of knowledge about their medical issue and what they think about their status on the road to recovery. It is important to do more listening than talking at this stage; there is no need to challenge the patient on inaccurate or hopeful beliefs at this point.
3	<b>Invitation</b>	At this stage, <b>ask your patient if they want to know the details of their condition or the treatment they might face</b> . Meet your patient where they are; if they are not ready for the details, it is not necessary to force them to listen. The SPIKES method acknowledges that <b>each patient has a right not to know the details if they are not ready for them</b> .
4	<b>Knowledge</b>	In this stage you are sharing knowledge and information with your patient. Again, it is important to ask the patient how much they understand and meet them there. Consider the individual before you; have they understood what you said? <b>Do not rush this part of the protocol</b> .

5	<b>Emotion</b>	The sharing of bad news is emotional for both doctor and patient. Create space for your patient to express their emotion and practice deep empathy.
6	<b>Strategy &amp; Summary</b>	End the meeting on an intentional note: what will come next? Summarize your thoughts and your understanding of the patient's reaction, and set expectations for the next appointment.



**Key 112 When do we consider a patient that he [Lacks Mental Capacity]?**

**In 4 cases:**

√ Unable to **communicate** their decisions.

- ✓ Unable to **understand** the information given to them.
- ✓ Unable to **retain** the information long enough to make decisions.
- ✓ Unable to **weigh up** information to make decisions.

## Communicate/ Understand/ Retain/ Weigh up

Q) A patient who is non-verbal (cannot speak) and with severe learning disabilities and recent trauma is unable to communicate his decision to his carer or to his doctor. In this scenario, why do we consider him as **"lacking mental capacity"**?

Because he is → **unable to communicate his decisions**.

- Not because of his disabilities or recent trauma. Careful!
- Also, even those who cannot speak (non-verbal) can still communicate their decisions by a different way (eg, writing).

## Key Clinical Audit Cycle has 5 Stages:

113

**Define → Measure → Compare → Implement → Re-audit**

- 1) **Define** the standard:  
e.g., 100 patients with CAD should be given advice to stop smoking.
- 2) **Measure** current practice:

i.e., collect data from patients record over a certain period.

3) **Compare** results of current practice to the defined standard.

4) **Implement “apply”** sustainable changes for improvement.

5) **Re-audit** to determine if the changes made are effective or more improvement is needed.

Q) An FY2 doctor was tasked to make clinical audit. He defined his group of patients (children with asthma less than 5 YO in his hospital), he collected their data over 3 months, he compared results and came out with some plans “changes” to make. What is the Next step?

→ **Apply sustainable changes and Re-audit in 6 months.**

**Key** In a suspected case obstructive sleep apnea (not confirmed yet):

114

Firstly → **Advise patient NOT to drive.**

After OSA has been confirmed → **Advise patient to inform DVLA himself.**

**Key** A 15-year-old Jehovah’s witness had a road traffic accident (RTA) and bled  
115 massively. In the A&E, he was given IV fluids. However, the doctors see that an urgent blood transfusion is needed. The patient accepts to consent receive

**blood to save his life. However, his parents do not accept that their son receive blood products based on their religious beliefs. What should be done?**

→ **Accept his consent and transfuse blood.**

- Many Jehovah's witnesses do not accept blood products based on their religious beliefs.
- The law says that if they are **competent** or if they carry the **blood refusal card**, we should respect their decision on not to receive blood products even if this would lead to their death! IV fluid can be given instead.
- You can advise them to receive blood, but you are not allowed to pressure them to accept it.
- However, the consent of this boy who is 15 YO is acceptable. It is in his best interests. His parents cannot go against his wish especially if this would save his life.
- If the boy in question **refused** to receive blood based on his religious beliefs, we also should **respect** this and give IV fluids instead even if this is dangerous.

**Key** You are a junior doctor. On a launch break, while in cafeteria, you heard one of the FY2 doctors talking to his colleagues about an unnamed patient he was treating in the emergency department. The FY2 doctor was upset and telling the events that happened with that patient as they had argument about the diagnosis. He disclosed his medical background to his colleagues. However, the FY2 doctor did not mention any identifiable information about his patient but was telling the conversations that happened between him and his patient. What is the most appropriate action?



→ **Do nothing.**

- As long as he did not disclose his identifiable details, it is not confidentiality breach. Also, there is no threat to anyone.

- If identity has been disclosed, the steps are:

Confront him (tell him it is not legal to do so) → Inform a senior → Inform GMC.

**Key 117** A 14-year-old girl come to A&E with her boyfriend who is 24-year-old asking for oral contraceptive pills. Her parents do not know about her sexual intercourse and she does not want anyone to know. What is the most appropriate action?

→ **Inform the local safeguarding authority**

- Her sexual partner is **much older** than her, we fear of **child abuse** or **exploitation**. (There is a big age gap and she is 13-15 YO).
- We inform safeguarding authority (who are already present in hospitals and they would gather more information and involve the police if needed).
- **If this was not in the options, pick (Inform Police).**

**Key 118** A 24-year-old man has been unconscious in the intensive care unit for 2 weeks after a road traffic accident. He is on mechanical ventilation and being given IV fluids and medications. The intensive care team believes that he is not a good candidate for CPR if needed, and if resuscitating him would result in a poor quality of life. However, his family wants him to be resuscitated and treatment continued. What is the most appropriate action?

- A) Perform CPR if required.
- B) Withdraw all treatment.
- C) Seek legal advice.
- D) Discuss the family's wishes with the intensive care team.
- E) Discuss the decision of the intensive care team with the family.

**Answer → E**

- **Involve the patient's family regarding the decision of the DNR (Do Not Resuscitate) and discuss it with them. However, there is no need for their consent as the DNR is a decision of the doctors only.**
- **Note that all treatment lines will still continue, we do not withdraw them. However, if his heart stops and a decision of DNR (Do Not Resuscitate) has been made and discussed with the patient and family, then we do not resuscitate.**

- This might sound strange, but **a decision on a DNR order can be made by the doctors even if it is against the patient's wish! The patient is not required to consent on a DNR order!**
- However, the patient and his family need to be involved and to know about the DNR decision.
- The patients have no right to ask for CPR if the doctors believe that CPR would be unsuccessful or not in the patient's best interest.

CPR (CardioPulmonary Resuscitation) is invasive, involving compressions and possible rib fractures, electrical shocks, injected drugs, may damage internal organs, lead to brain damage leading to permanent physical disability and poor quality of life if succeeded. Thus, it is a decision of doctors.

### What if this same patient has no family?

→ **Fill a (DNR) form.**

In short, if the medical professionals believe that a DNR is not in the patient's best interest, they would fill a DNR form after discussing (revealing, clarifying) this decision to the patient's family. The family's opinion would not overrule the doctors' decision. If he has no family, they would fill a DNR form.

**Key 119** A 60-year-old man had a road traffic accident and was taken to the emergency department by his friend as his son lives outside the UK. He is slightly hypotensive (BP: 100/62 mmHg) and his hemoglobin is 10.2 mg/L. The patient is confused, drowsy and disoriented. His right thigh is swollen and rotated. X-ray shows a mid-shaft fracture of his right femur.

→ **Proceed with surgery (femur fixation by intramedullary nail) without** waiting him to become fully conscious to sign a consent, without waiting for a court decision, and without a consent from his abroad son.

- **Note** that he is not fully conscious (confused, drowsy and disoriented). Therefore, taking a consent from him is not effective (**not** a correct option).
- It is important to know that **femur fracture fixation is not an elective surgery**; it is an urgent surgery.
- This is because the resulting bleeding (**blood loss**) in closed femur fractures is **significant** (1 – 1.5 Litres).
- This means that the **surgeons should act fast in the best interest for patient** to save his life.
- His son should be informed; however, the decision of proceeding with the surgery is done urgently by the surgeons for the patient's best interest and sake.
- After he becomes fully conscious, they would tell him about everything.

**Key 120** A 78 YO female lives in a residential care home. She has Alzheimer's disease and short-term memory. She keeps attempting to go outside to buy ice cream that she used to eat when she was young. However, one of the staff members has locked her inside her bedroom to prevent her from going outside alone since she should be accompanied. The GP has been informed about this event. What should be done?

→ **Inform the local safeguarding team.**

- Even if this action was made for her best interest, the safeguarding adult team must be involved so they can investigate and take steps to prevent any possible harm to this lady.
- The GPs and the staff would then address her issue of going out alone. For example, instead of locking the door, they may order her ice cream, or accompany her, or try to talk to her about the matter.
- Locking the door on a patient should raise safeguarding concerns!

**Key**  
**121**

**DNACPR** or **DNR**

- **DNACPR** stands for **do not attempt cardiopulmonary resuscitation**.
- It is the same as (DNR) = Do Not Resuscitate.
- NO one **but DOCTORS (clinicians)** can overrule a DNACPR.
- **Remember:** DNR is a decision of doctors.
- Anyway, the family, relatives, loved ones should be informed with detailed explanations behind the decision. They should be told why a DNR is not in the patient's best interest. At the end, a DNR is a clinical decision.

### **Example 1:**

A son of an 80 YO man with end-stage renal cancer wants to overrule a DNACPR order. His father was acceptable of this order. What to do?

→ Take the son's views into consideration but advise that the final decision rests with the clinicians.

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### **Example 2:**

A 75-year-old man is receiving an end-of-life care as he has end-stage renal failure. The medical team believe that he would not benefit from CPR shall he went into cardiac arrest, and CPR is not in his best interest. However, his daughter believes that he should be resuscitated. What should be done?

→ Fill in a (DNR) form and inform the daughter.

**Key** **Read the following 2 scenarios and compare:**  
**122**

#### **Scenario (1)**

A 3-month-old baby girl is seen in the A&E with her mother. The mother says that the baby rolled over and fall off the bed and hit her head on the floor. There is a 3 cm bruise on the left occipital side of the head. There is a weight loss of this baby on her weight chart. What is the most appropriate initial management?

→ Involve safeguarding team.

2 points mentioned here raise concerns about a possible child abuse which needs safeguarding team to get involved for more investigations:

- ✓ This baby is 3 months old. Babies mostly cannot roll from back to tummy before the age of 5 months.
  - ✓ The noticeable weight loss.
- 

## Scenario (2)

A 3-month-old baby girl is seen in the A&E with her mother. The baby has **fever, and looks ill**. The baby had URTI last week that was treated. The mother says that the baby rolled over and fall off the bed and hit her head on the floor. There is a 3 cm bruise on the left occipital side of the head. There is a weight loss of this baby on her weight chart. What is the most appropriate initial management?

→ Admit and investigate.

2 points mentioned here raise concerns about a possible child abuse which needs safeguarding team to get involved for more investigations:

- ✓ This baby is 3 months old. Babies mostly cannot roll from back to tummy before the age of 5 months.
- ✓ The noticeable weight loss.

However, since the baby in scenario 2 is **now ill and has fever**, the initial step would be to **admit and investigate** (for treating the baby). While he is admitted, safeguarding team can be involved.

**Key 123** The parents of a 16-year-old girl presented to the GP asking whether their 16-year-old girl is pregnant or not. In her medical records, it is written that she is pregnant in her 12<sup>th</sup> week gestation. What should the GP do?

→ **Refuse giving them any information about their daughter.**

Confidentiality is important and there is no reason in this stem to break it.

### **When to breach confidentiality?**

- If the patient gives a consent to do so.
- If keeping confidentiality would likely to harm somebody. Breaching confidentiality is in the public's best interest.
- When requested by the Law (e.g. court order, requested by a judge).
- When breaching confidentiality is in the patient's best interest "there is a benefit for the patient who lacks capacity".



**Key** A patient is about to have nephrectomy. The patient signed a consent for  
**124** performing (right) nephrectomy. However, you as FY2 doctor noticed that the consultant had written in the notes of the operation that the patient is due for (left) nephrectomy. What should be done?

The first thing to do → **Inform the consultant about this note.**

Then, the next legal thing that should happen is that the operation would get cancelled or delayed for a different time as the consent of the patient must be in line with the real operation!

**Key** A 19-year-old Muslim girl had brain tumour and underwent surgery to  
**125** remove the tumour. Her last CT-brain showed brain herniation. She never regained consciousness after the surgery. The doctors told the family that there is nothing to be done better than what they had already done. 3 days later, she died in the hospital. The family wants to bury her body as soon as possible due to their religious principles. What is the most appropriate action?

- A) Refer to the coroner to further investigate and issue a death certificate.
- B) Keep the body in the hospital mortuary until the completion of the death certificate.
- C) Release the body and allow the family to take it home.
- D) Fill in a cremation form.

E) Keep the body in the hospital mortuary until the arrangement of the next of kin to take it away is completed.

Answer → **A**.

**Note:** Muslim and Jewish families have religious beliefs indicate that the dead should be buried as quickly as possible. So, if the (suspicious) death is for a Muslim, we also still refer to the coroner and inform him that the dead is a Muslim so he can make the required investigations and procedures as quickly as possible. Doctors also need to explain to the family the necessity of including the coroner in such cases and that the procedure would be quick.

### ☐ **Who is coroner?**

An official who investigates violent, sudden, or suspicious deaths.

### ☐ **When to inform the coroner?**

- Deaths due to **accidents, neglect, suicide, violence, industrial disease**.
- Deaths **in relation to surgical treatment or anaesthesia** need to be referred to the coroner even if the patient is already out of the theatre as long as there is a possibility that the surgery may have resulted in death.
- **Sudden and unexpected deaths** (eg, within 24 hours of admission to a hospital).
- Death of an individual who was not seen by a doctor in the last 14 days of his/her life.

- Deaths of unknown cause.
- Deaths during surgery or before recovery from anaesthesia.
- Deaths shortly after police custody or prison.

### ☐ **What can the coroner consider to be done?**

- Allow the doctors to issue a cause of death certificate and takes no action.
- Open a post-mortem examination (could lead to open an investigation/quest).
- Open an investigation/quest without a post-mortem examination.

**Note:** do not forget that patients with “**mesothelioma**” need to be reported to the **coroner** as well. This is because it is an “industrial disease”.

## Key 126 **Important Ethical Principles**

### ☐ **The doctrine of double effect:**

From its name (double) → If there are 2 options; one good and one bad. If you do one, the other would be outweighed.

le, **applying one good thing has -unintentionally- led to a bad outcome.**

#### **Example:**

If you give the maximum dose of morphine to this elderly suffering patient who is with end-stage cancer, **you would relieve his uncontrollable pain and**

suffering. However, this act may lead to death indeliberately (without an intention). In this example, relieving pain and suffering was the primary aim.

This is called: **the doctrine of double effect** (imp v).

So, it is used to justify good and bad -unintended- effects.

This is different from **euthanasia**; which means killing the patient deliberately (eg, by giving a lethal dose of potassium or morphine). Euthanasia is not-allowed (ILLEGAL) in the UK. Careful!

☐ **Beneficence** → Showing kindness and mercy.

**Example:** Holding a patient's hand as he dies.

☐ **Non-maleficence** → (= Do No Harm)!

**The rules include:** do not kill, do not cause pain or suffering, do not incapacitate, do not cause offence.

☐ **Health maximization** → Maximizing health with limited resources. In other words, using the best treatment options that could result in the greatest outcomes despite its economic values. (Health is first).

**Key 127** A 78-year-old man is receiving a palliative care as he has end-stage lung cancer. The patient is confused and desaturating and has a low systolic blood pressure. He is put on mechanical ventilation and being given the necessary treatment. The medical team believe that he would not benefit from CPR should he went into cardiac arrest, and CPR is not in his best interest. He has no family and has no advance directive. What is the most appropriate action?

- A) Fill a DNR (Do Not Resuscitate) form.
- B) Wait for him to become less confused and discuss a (DNR) form.
- C) Withdraw all treatment lines.
- D) Seek advice from an independent advocate.
- E) Seek court decision.

**Answer → A.**

- DNR “Do Not Resuscitate” is a decision of medical professionals not patients or their families.
- However, the family members should know the meaning of a DNR and should be told about the reasons of the DNR but their decision would not be important.
- This might sound strange, but **a decision of a DNR order can be made by the doctors even if it is against the patient’s wish! The patient is not required to consent on a DNR order!**

(Remember, having said that, if any patient was alert and conscious and want **NOT** to be resuscitated, the doctors should respect his wishes).

### What if the patient has no family?

→ **Fill a (DNR) form.**

In short, if the medical professionals believe that a DNR is not in the patient's best interest, they would fill a DNR form after discussing (revealing, clarifying) this decision to the patient's family. The patient's and the family's opinion would not overrule the doctors' decision. If he has no family, they would fill a DNR form.

**Key** For a junior doctor who feels that he needs educational guidance, who should  
**128** he approach first?

→ **His supervising consultant.**

**Key** If a schizophrenic patient needs surgery, who is the responsible medical  
**129** personnel for assessing his mental capacity?

→ **The surgeon.**

Any healthcare professional can assess capacity. In this case, the primary responsibility lies with the surgeon (as it is a case of surgery).

If there are concerns about the influence of the patient's psychiatric condition on their capacity, a psychiatrist expertise might be sought.

**Key 120** An 80-year-old woman with dementia and decreased cognitive function and mental capacity is brought to her GP by her 32-year-old daughter. The daughter wants the GP to provide her with a medical report or statement that mentions that her mother has declined cognitive function and capacity. She wants to use this report to gain control over her mother's financial wealth so that she can buy personal expenses such as buying a car and a house for herself. What is the most appropriate action?

→ **Inform safeguarding authorities.**

The daughter wants to be given the power so that she can financially abuse her mother's money.

✓ Since there is a **potential abuse** to a vulnerable adult, the appropriate authorities should be included.

✓ It is important for the GP to safeguard vulnerable adult.

✓ Suggesting the daughter to seek legal advice for establishing a Power of Attorney does not solve the immediate issue here (which is a potential abuse).

**Key 121** You are a junior doctor (FY2). During your launch break in a nearby restaurant, you saw your fellow FY2 doctor sitting with his friends and discussing an argument that he had with his patient loudly. He was disclosing the patient's medical background but not his identifiable details. What should you do?

→ **Inform him that he should not be discussing patients with his friends.**

✓ It may be considered a confidentiality breach to discuss patient's details outside of a professional setting (even without revealing patient identifiers).

✓ If **identifiable** details were disclosed → Inform GMC.

**Key** A 44-year-old man with a background of bipolar disorder is brought to the surgery for elective hernia repair. On the day of operation, he was found that he is in a manic state (elevated mood, with rapid speech and a lack of insight into his condition). He had previously given consent for the operation during the period of stability. However, his current manic state could prevent him from understanding the implications and the potential complications of the surgery. What is the most appropriate action?

→ **Postpone the surgery until the patient regains mental capacity so he can understand the implications of the surgery.**

✓ Consent is not constant -one-time- event.

✓ The patient must be capable of understanding the surgery implications on the day of the surgery.

**Key** A 68-year-old woman with end-stage renal disease is admitted to the hospital with severe sepsis. Despite aggressive antibiotic therapy and supportive care, her condition is rapidly deteriorating. She is now unconscious and unable to make informed decisions about her care. Her son, who is her next of kin, lives in another state and cannot be reached immediately. The medical team believes



**that resuscitation would not be in her best interests due to her poor prognosis and the advanced stage of her illness. She does not have an advance directive in place. What is the most appropriate course of action?**

### Options

- A. Resuscitate her if her condition worsens
- B. Wait for her next of kin to be contacted
- C. Initiate palliative care without completing a DNR order
- D. Complete a Do Not Resuscitate (DNR) order
- E. Wait for her condition to improve so she can regain capacity

### Detailed Answer

The correct answer is **D. Complete a Do Not Resuscitate (DNR) order.**

### Reasoning:

1. Resuscitate her if her condition worsens: Resuscitating a patient with a poor prognosis and advanced stage illness, like this patient, might not be in their best interest. This could prolong suffering and delay an inevitable outcome without improving quality of life.
2. Wait for her next of kin to be contacted: While involving the family in decision-making is important, the immediate medical needs of the patient must be addressed. Waiting for the next of kin could delay appropriate care and cause unnecessary suffering.
3. Initiate palliative care without completing a DNR order: Palliative care focuses on providing relief from symptoms and improving the quality of life. However, without a DNR order, there is a risk that resuscitation attempts might still be

made, which could counteract the palliative approach.

4. Complete a Do Not Resuscitate (DNR) order: Given the patient's poor prognosis and advanced stage of illness, along with the medical team's belief that resuscitation would not be in her best interest, completing a DNR order is the most appropriate action. This respects the patient's dignity and aligns with ethical principles of beneficence and non-maleficence.

5. Wait for her condition to improve so she can regain capacity: The likelihood of the patient regaining capacity in such a critical condition is low. Delaying the decision could lead to unnecessary interventions that might not align with the patient's best interests or her likely wishes.

In summary, completing a DNR order ensures that the patient receives care that aligns with her condition and respects her dignity, preventing unnecessary and potentially harmful interventions.

Remember that: a DNR decision is a clinical one. I.e, if the patient went unconscious and has no advance directive (a living will), the clinical team can decide whether to assign a DNR or no. It is a clinical decision.

**Key 124** A 27-year-old woman arrives at the Emergency Department with a cut on her arm, which she explains occurred during a domestic altercation with her partner. She firmly states that this is the first time such an event has happened, and she insists that it will not happen again. The patient is adamant that the

**police should not be involved in the matter. Which of the following is the most appropriate course of action?**

**Options:**

- A) Place the patient under temporary police protection.
- B) Offer a referral for relationship counselling.
- C) Inform the patient's GP about the incident.
- D) Respect the patient's wishes and do not report the incident to the police.
- E) Report the incident to the police.

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**Answer:**

**Correct answer → E) Report the incident to the police.**

• In cases where a patient presents with an **injury inflicted by a sharp object**, such as a **knife** or any other weapon, it is mandatory for healthcare professionals to **inform the police**, regardless of the patient's wishes. This is because the law prioritises public safety and the possibility of future risk to the patient or others.

- When reporting such incidents, healthcare professionals are expected to disclose only the necessary information, specifically that a knife injury has occurred. More detailed personal information should remain confidential unless further disclosure is legally required (eg, a court order), or in the public interest, such as preventing serious harm to others.
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## Reporting Knife and Stab Wounds with Example Cases

Healthcare professionals in the UK are mandated by law to **report any injuries caused by sharp objects, such as stab or knife wounds, to the police**, regardless of the patient's wishes. This duty is in place to protect public safety and prevent further harm. When reporting, only the fact that a knife injury has been treated should be disclosed initially, with further patient details being shared only if:

- The patient consents to additional disclosure.
- There is a legal requirement, such as a court order.
- Public safety is at risk, and non-disclosure may lead to serious harm.

Confidentiality must be maintained unless a clear legal or public interest justifies further disclosure. Healthcare professionals are also encouraged to explain this

duty to the patient, so they understand the necessary steps and the limited information being shared.

### ***Example Cases:***

- 1. A 28-year-old man arrives with a stab wound inflicted by his partner. They have no children, and he strongly insists on not involving the police.**

In this case, the **police must be notified** due to the legal duty surrounding knife wounds. The healthcare provider can discuss concerns about domestic violence and offer resources, while respecting confidentiality for further details unless legally required to disclose them.

- 2. A 31-year-old woman with a stab wound has a young child at home. She does not want the police involved.**

In this scenario, the presence of a child may require involving social services or safeguarding teams, as the child could be at risk in a violent household. The law mandates that **the police and possibly social services or safeguarding teams** should be informed.

- 3. A 24-year-old man presents with a self-inflicted stab wound but does not wish for police involvement.**

In cases of self-inflicted injuries, there is typically **no obligation to inform the police unless there are concerns about public safety**. The focus should be on assessing the patient for psychological/ psychiatric support.

**4. A 47-year-old woman is brought in with a stab wound from a random attack in a public place.**

Since this is a serious criminal act, it is mandatory to **report the injury to the police**. They will need to investigate the incident further, though personal details should only be shared with the patient's consent.

**5. A junior clinician treats a 35-year-old man with a stab wound to the abdomen from a domestic argument. The patient insists it was a one-time incident and does not want the police involved.**

The healthcare professional must still **inform the police of the knife wound**. The extent of further disclosure, such as the patient's personal information, should be escalated to senior staff or legal teams for a final decision.

This summary illustrates how healthcare professionals must navigate their duty to report knife injuries while balancing patient confidentiality and legal requirements.

**Key 125** A 45-year-old doctor is conducting a routine visit to a nursing home to check on a resident. While passing by a patient's room, they overhear a nurse speaking harshly to an elderly man who has early-stage dementia. The nurse is raising her voice and repeatedly commanding the man to eat his meal. The elderly man

appears confused and begins to cry in distress. The doctor can clearly hear the conversation from outside the room. What is the most appropriate action for the doctor to take?

**Options:**

- A) Speak to the nurse directly and address her behaviour.
- B) Document the incident in the patient's notes but take no further action.
- C) Inform the General Medical Council (GMC) about the nurse's behaviour.
- D) Report the incident to the local authority safeguarding team.
- E) Recommend to the nursing home manager that the nurse receive mediation with the patient.

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**Answer** → **D) Report the incident to the local authority safeguarding team.**

In this scenario, the behaviour of the nurse can be considered as emotional abuse or neglect, especially because it involves a vulnerable elderly patient with dementia. Safeguarding procedures exist to protect individuals from harm, and a referral to the local authority safeguarding team ensures that the situation is

investigated formally. It allows for protective actions to be taken to ensure the well-being of the patient and to prevent further distress.

In Short:

**Neglect or Abuse to a Patient by a Caregiver → Involve the Safeguarding Team.**

**Explanation of other options:**

**A) Speak to the nurse directly and address her behaviour.**

While addressing the nurse may seem like an immediate response, it does not address the seriousness of the situation. Emotional abuse should be dealt with formally through safeguarding channels to ensure proper investigation and accountability.

**B) Document the incident in the patient's notes but take no further action.**

Recording the incident without taking further action would not adequately address the potential risk to the patient. Documentation is important, but safeguarding procedures must also be initiated.

**C) Inform the General Medical Council (GMC) about the nurse's behaviour.**

The GMC regulates doctors, not nurses. Reporting this incident to the GMC would not be appropriate since they are not the regulatory body for nurses.



**E) Recommend to the nursing home manager that the nurse receive mediation with the patient.**

Mediation may not be suitable in cases of potential abuse. The situation needs a safeguarding referral, not just a recommendation for conflict resolution.

**Key 126** An 81-year-old man with end-stage dementia is admitted to the hospital after a severe stroke. Despite receiving appropriate medical care, his condition worsens, and he is now nearing the final stages of life. A Do Not Resuscitate (DNR) order has been put in place, agreed upon by the healthcare team after careful consideration of his prognosis and the futility of resuscitation. His son, who is his primary caregiver, is unaware of the DNR order and expresses his wish for everything to be done to save his father's life if his condition deteriorates. The son is distressed and believes that resuscitation should be attempted. What is the most appropriate next step in managing this situation?

**Options:**

- A) Revoke the DNR order and proceed with resuscitation.
- B) File the DNR order without discussing it with the family.
- C) Discuss the DNR order with the son and explore his concerns.

D) Seek a second opinion from another consultant.

E) Ask the son to sign a consent form for resuscitation.

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**Answer → C) Discuss the DNR order with the son and explore his concerns.**

In this case, the patient already has a DNR order in place, which was agreed upon by the healthcare team after determining that resuscitation would not provide any benefit due to the patient's advanced dementia and terminal condition. The son's distress and desire for resuscitation reflect the need for a compassionate and open conversation.

It is crucial to explain the medical rationale behind the DNR order, address the son's concerns, and help him understand the reasoning for not pursuing aggressive interventions at this stage. Such discussions are essential to ensuring that the family is aware of the patient's condition and the medical decisions made regarding end-of-life care.

### **Explanation of other options:**

**A) Revoke the DNR order and proceed with resuscitation.**

Revoking the DNR order and resuscitating the patient would not be in line with

the patient's best interests, as the DNR was put in place due to the futility of resuscitation in this terminal case.

**B) File the DNR order without discussing it with the family.**

Filing the DNR without discussing it would dismiss the son's concerns and undermine the importance of transparent communication in end-of-life care. This would not be an ethical approach.

**D) Seek a second opinion from another consultant.**

Seeking another opinion is not necessary here as the DNR order was made after careful consideration by the healthcare team, and there is no indication that another opinion would change the situation.

**E) Ask the son to sign a consent form for resuscitation.**

The decision to resuscitate or not is a medical decision, and asking the son to sign a consent form would be inappropriate, especially when a DNR order is already in place.

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## **Summary: Discussing Do Not Resuscitate (DNR) Orders**

When a patient reaches the end stages of life, and a Do Not Resuscitate (**DNR**) order is put in place – which is **a decision made by the healthcare team, not by the patient or the family-**, it is crucial to have open and compassionate

communication with the family. Healthcare professionals have an ethical obligation to discuss and explain the reasoning behind the DNR order and provide support to family members who may struggle to accept the decision. Healthcare professionals have a duty to **ensure that families are informed and supported**, focusing on the patient's comfort and dignity in their final stages of life. Addressing their concerns helps ensure that everyone involved understands the medical and ethical considerations that shape end-of-life care decisions, while focusing on the best interests of the patient.